



HARMONY HOUSE CO-EDUCATIONAL SCHOOL
 No 2, MONSURAT OLAYINKA STREET, LEKKI SCHEME 2, Ajah , Lagos.
 Tel: 0909-8611-999; 0802-3260-196; 01-4535944;
 Email: harmonyhouse123@yahoo.com ; harmonyhouseschool@gmail.com
www.harmonyhouseschool.com
 Citadel of excellence!

ADMISSION FORM

Affix 4 coloured passport photographs
(name written at the back)

SPORTS HOUSE COLOUR (TO BE FILLED /ASSIGNED BY SCHOOL ADMISSION OFFICER)

RED { } ; YELLOW { }

Surname		Other names:	
Date of birth		Nationality	Gender
State of origin		LGA	Birth weight
Dietary restrictions/allergies/special health needs:			
Residential Address:			
Father's name:		Mother's name:	
Mobile number:		Mobile number:	
Office address:		Office address:	
Occupation:		Occupation:	
Residential Address:		Residential address:	
Email:		Email:	
Guardian's name:		Applicant's previous school:	
Guardian's mobile number:		Address of Previous School:	
Guardian's home address:		Period of stay in previous school:	
Guardian's email:		Last class attended:	

Day admission : YES..... NO.....

If day admission, will school bus facility be required? : YES..... NO.....

Does applicant have any disability? YES NO

If yes to disability, please specify?.....

Does applicant use glasses? YES NO.....

Applicant's special interests?:

Does applicant have any of the following conditions? ; tick as appropriate.

SICKCLE CELL:	DIABETES:		
ASTHMA:	MENTAL ILLNESS:		
EPILEPSY:	ANY OTHER:		
WHOOPING COUGH:	GENOTYPE: AA.....	AS.....	SS.....

Has applicant been immunized against the following? ; tick as appropriate.

How did you discover our school?; tick as appropriate

Instagram	Facebook	Internet
Newspaper	Billboard	Parent
Television	Posters/ flyers	Teacher /Staff
Radio	Student	Internet

I....., (father/mother/guardian (please indicate relationship by underlining)) of.....(name of student), hereby consent to enrol my child/ward in HARMONY HOUSE SCHOOL.

Signature/Date:.....

IMMUNIZATIONS : (Protect your child, have all primary immunizations completed before first birthday)

Accompanying Documents

1. Completed registration form
2. 4 passport photographs .
3. Medical report (either from family doctor or certified hospital)
4. Copy of birth certificate
5. Immunization record (up to date)
6. Primary school testimonial (College only)
7. Uniform chart (given along with registration form)



TO BE RETURNED TO SCHOOL ADMINISTRATOR A WEEK AFTER COLLECTION ALONGWITH ABOVE LISTED DOCUMENTS
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OFFICIAL USE ONLY

EXAMINATION DATE:	DATE OF ADMISSION:	CLASS :	TOTAL SCORE:
GRADE:	ENGLISH:	MATH:	GEN KNOWLEGE: